



Troubling False Care: Towards a More Revolutionary ‘Care Revolution’ in the University

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Abstract

Despite sustained scholarly attention on care ethics across the social sciences, little attention has been paid to the politics of care practiced in the Western academy. In this provocation, I bring care ethics into dialogue with critical pedagogy to explore seemingly benign caring practices in the university. I draw on analyses of ‘false hope’ to provide a framework to better identify and nuance examples of ‘care’ throughout universities. While some caring practices in the academy may provide opportunities for resistance to its neoliberal corporatisation, I argue that examples of ‘false care’ and even uncaring practices can simultaneously flourish. More attention is needed by care scholars to unpack and untangle fraught caring relations throughout the academy in order to help our universities become more caring, equitable and inclusive.

Keywords

Care, academy, false hope, false care, university

Introduction

The concept of ‘care’ is not something to ignore. As COVID-19 brought to light a legitimate crisis of healthcare, childcare, and governmental care, the questions of who cares and how is on many of our minds. Feminist scholars of care have been studying these questions for decades. Their theoretical insights and the bountiful research they inspired across the social sciences have led to what some have called a ‘care revolution’ in the Western academy (Kaufman-Osborn et al 2018).

The breadth and scope of geographic contributions on care expose crucial caring relations across scale, place and time (e.g. Popke 2006; Raghuram, Madge and Noxolo 2009; Milligan and Wiles 2010; Green and Lawson 2011; Wiles 2011; Power and Gillon 2019). As a ‘caring discipline’ (Lawson 2007), geographers have also turned their attention inward to consider how academic practice and pedagogy are underpinned by, with and through care (e.g. Mountz et al. 2015; Askins and Blazek 2017; Dombroski et al. 2018; Caretta and Faria 2019). Despite the scholarly attention given to the importance of care, power relations are deeply intertwined with caring and un-caring relations that reinforce boundaries of inclusion and exclusion (e.g. Narayan 1995; Robinson 2011; Tronto 1993, 2013; Bartos 2020). With this in mind, I suggest that the care revolution warrants critical attention, particularly as it is mobilised *within* the Western academy.¹

Universities are ripe sites to investigate care. On the one hand, universities are rooted in caring relations that ‘maintain, continue and repair [the]“worlds” [of its students, staff and alumnae]’ (per Fisher and Tronto 1990: 40). Caring practices abound within universities and include examples such as subsidized on-campus fitness programmes, animal therapy programmes during exam week, and celebratory ceremonies honouring individuals’ successes. On the other hand, some caring practices within universities ‘maintain, continue and repair the worlds’ of some at the exclusion of others. For example, universities, like other corporate entities, are hierarchical and premised on the principles of rationality, autonomy and meritocracy; unacknowledged caring relations within universities may play a role in determining how and where scholars fit into the hierarchy. Self-made figures such as the academic ‘high-flier’ or ‘rock-star’ may find it ‘...difficult to admit the degree to which care has made their lives possible, [because] such an admission would undermine the legitimacy of the inequitable distribution of power, resources, and privilege of which they are the beneficiaries’ (Tronto 1993: 111). Furthermore, the neoliberal processes occurring across universities, while context- and place-specific, lead to an erosion of cooperation and a lack of well-being, mental health and general comradery among students, staff and academics (e.g. Peake and Mullings 2016; Webster and Boyd 2019). Noddings (2015) argues that for institutions to adequately care, they need to create conditions of care and trust between and among their members at all levels of hierarchy. Such conditions are at odds with the goals of neoliberalism (e.g. Mountz et al. 2015). In light of these contradictions, the neoliberal university is arguably a site for uncaring practices to flourish.

Critiques of the uncaring neoliberal Western university have incited some academics to practice care as a form of resistance to the status quo of the university.² Acts of caring resistance may include creating teaching or research networks with like-minded colleagues to build community in an otherwise hostile environment (e.g. Mountz et al. 2015; Lopez and Gillespie 2016; Dombroski et al. 2018; Caretta

¹ This provocation may also expose contradictions and/or gaps within non-Western or more progressive institutions but is beyond the scope of this paper.

² It is important to acknowledge that ‘caring’ acts of resistance are highly gendered and often reflect other axes of oppressions; this attests to a wider problem with the ways that society has de-valued, de-politicized, gendered, and personalized care over time. These critiques are important but not the focus of this commentary.

and Faria 2019). Such networks acknowledge that working within the university can often include unreasonable emotional and physical demands on individuals and caring for one another can serve as a juxtaposition to the hierarchical and neoliberal ethic. However, while support groups for like-minded colleagues or research collectives, labs or teams can expand care for its immediate members, their exclusivity may also enable non-caring relations to simultaneously exist beyond their boundaries (Caretta and Faria 2019). In other words, networks may *maintain* and/or *continue* preference for the self, kin or close colleagues, but they rarely unravel or *repair* the contradictory and complex caring relationalities within the university. For these reasons, a care ‘revolution’ premised on practices of ‘resistance’ is limited. Rather, a more comprehensive grasp of the politics underpinning the need for care and how it is practiced is necessary. Therefore, in this paper, I explore a ‘critical care’ approach as a guide for those of us who study and practice care (or, debatably, ‘false care’, as I discuss below) with the goal of mobilising a more revolutionary ‘revolution’. To develop a critical care approach, I combine insights from critical care ethics and critical pedagogy scholarship.

Critical Care Ethics and Critical Pedagogy

Theories of care ethics are dynamic and have expanded over recent decades from a personal ethical perspective (e.g. Gilligan 1982) to moral and political theories (e.g. Ruddick 1989; Tronto 1993, 2013). Despite the philosophical diversity which constitutes ‘care ethics’, those who study care ethics tend to agree on the importance of a relational ontology. Such a relational ontology fundamentally prioritizes human dependency and interdependency and is often framed as a direct contrast to the neoliberal self-made autonomous (male) subject. From this starting point, Fiona Robinson suggests a ‘critical lens of care ethics’ can guide scholarship on ‘care’ to focus more directly on the underlying power relations inherent in caring relations. However, rather than create a prescriptive ethics separating ‘good’ from ‘bad’ ethical behaviour, critical care ethics provides a framework ‘...for interrogating the patriarchal conditions under which values and practices associated with caring have developed in societies’ (Robinson 2011: 32). Critical care ethics, therefore, requires an evaluation of how unequal power relations sustain existing relations of care and non-care; who receives care and what kind of care they receive are determined by these power relations.

Similar to care ethics, critical pedagogy includes critique, but importantly, also provides an approach to pedagogical practices. Critical pedagogy is premised on an acknowledgement that all facets of the educational system are politically contestable. Relational ontologies are also central to critical pedagogy. Relations between and among students, teachers, administrators, the community where they are located, the local, state and national political legislation governing these sites, and historic and systemic structures of race, class and gender intersect and create the conditions for democratic and empowered learning to manifest, or not (e.g. Friere 1999; hooks 2003; Giroux 2011; Llewellyn and Llewellyn 2015). However, ‘[b]eing aware of the conditions that cause human suffering and the deep inequalities that generate dreadfully undemocratic and unethical contradictions for many people is not the same as resolving them’ (Giroux 2011: 126). Rather, critical pedagogy, and related, feminist pedagogy, offer tools and techniques to collectively engage with institutions and work toward healing and praxis, while placing issues of oppression, inequalities, and domination at the centre of analysis.

In the remainder of this paper, I bring critical pedagogy into dialogue with care ethics. Specifically, this paper combines insights on ‘hope’ from critical pedagogy studies to interrogate ‘care’ in the university. While hope and care are foundational components for both fields of study, respectively, both concepts have the tendency to be over-used, over-generalized, tokenistic and at times, misleading. To redress how ‘care’ may be appropriated in higher education, I take a relational approach to better evaluate the underlying power relations that underscore a sampling of caring practices. A relational approach to care in the university challenges the myth of the ‘high-flier,’ and acknowledges our

fundamental interdependence on one another. Academics, students and administrators are linked in complicated webs of care, enabling some to thrive. However, those same caring relations may also prevent others from having their caring needs met, and lead to the need for *more* care. Therefore, when evaluating care in the university, I argue that we need to pay attention to *whose* worlds are being maintained, continued and repaired. A sincere academic care ‘revolution’ would reveal and dismantle unequal caring, and non-caring, relations.

The examples of care selected for this paper reflect those expressed in Oakland, California public school teacher and La Raza Studies professor, Jeffrey Duncan-Andrade’s (2009) work on ‘false hope.’ I suggest that Duncan-Andrade’s three categories of ‘false hope,’ which I discuss below, can serve as a portal to evaluate examples of ‘false care’ within the university. I conclude with a proposal that ‘critical care’ may mitigate ‘false care’ in the university through adopting ‘material, Socratic and audacious’ care, per Duncan-Andrade’s framework. While this paper provides a strong critique of care in the university, I also contend that insights from critical care ethics can offer possibilities for a more genuine care revolution than the one currently underway across many Western universities.

False Hope and False Care

Hope is central to critical pedagogy. Often attributed to the early work of Paulo Freire in Brazil, other critical pedagogues place hope centrally in their praxis. For example, hooks reminds us that ‘educating is always a vocation of hopefulness’ (2003: xiv) and Giroux argues, ‘...the language of hope goes beyond acknowledging how power works as a mechanism of domination...to imagine power working in the interest of justice, equality and freedom’ (2011: 5). While hope has been central to the struggles of the oppressed over generations, Duncan-Andrade argues that the most recent four decades under neoliberal economic restructuring in the global north, particularly through public disinvestment in schooling, have resulted in an ‘assault on hope’ and have given rise to ‘false hope, a reactionary distortion of the radical premise of hope’ (2009: 180). He identifies three related categories of false hope which I suggest can provide insights into false care in higher education.

The first category of false hope can be ‘hokey’ when university initiatives are geared toward ‘...individualistic, pick yourself up-by-your-bootstrap hyperbole’ (Duncan-Andrade 2009: 182). Duncan-Andrade draws comparisons between care and hope by arguing that ineffective and hokey programmes enable a ‘culture of false caring, in which the more powerful members of the relationship define themselves as caring despite the fact that the recipients of their so-called caring do not perceive it as such’ (Duncan-Andrade 2009: 182). Hokey care enables universities, and their members within, to claim to care for each other, even if recipients do not necessarily feel cared for. Noddings (2015) and other care ethicists would argue that responsive feedback from the intended care recipient is key for genuine caring relations to thrive.

Within the academy, hokey care can include a range of initiatives with varying degrees of benefits to the individual. At one end of the spectrum are lunchtime seat massages (e.g. some universities charge students and staff for this service, others may offer free of charge), at the other end, are university-wide ‘mental health days.’ To different extents, such initiatives allow the university to claim to care for their community by providing tools to deal with stress at the workplace. Some university members may feel incredible relief from a 20-minute seat massage, others may find it a hokey example of false caring. Similarly, while some feel immense gratitude for a day ‘off,’ others may find a day ‘off’ adds unintended burdens to their already unsustainable workload; such programmes may in fact provide false care if those programmes fail to understand the cultural and structural conditions leading to academic ‘burnout’ or premature resignations by staff with incredible potential (Flaherty 2020). False and hokey caring practices within the university can ‘maintain, continue and repair the worlds’ of some, but more critical analysis explores whether those worlds are *already* being maintained, continued or repaired within the

structurally hierarchical university (per Fisher and Tronto 1990). More inquiry is needed into the caring or lack of caring relations that premise hokey caring practices. Administrators and managers should solicit and be responsive to honest feedback from those who are meant to benefit from caring initiatives in order to resolve misguided or hokey caring practices.

False hope can also be ‘mythical’ when offered as ‘a profoundly ahistorical and apoliticised denial of suffering that is rooted in celebrating individual exceptions’ (Duncan-Andrade 2009: 184). Duncan-Andrade used the example of Barack Obama’s presidency as not only providing a pivotal moment of change, but also a temptation to celebrate a false hope that his election demonstrated the USA’s evolution into a ‘post-racial’ nation state. Such false hope was made tragically clear during the subsequent Trump presidency and ensuing Black Lives Matter movement, reminding us that individual exceptions rarely change structural oppressions. Rather, keeping sight of political and historical struggles, while mobilising the freedoms of a collective, has greater potential to overcome a false mythical hope.

As with hope, celebrating examples of care removed from their historical and political dimensions, enables mythical care to flourish. For example, all universities should be able to trace their historical records to find examples of when political moments provoked administrators, academics, students and staff to take care of one another. Surely, the COVID-19 pandemic is one of these moments that urges universities to adopt urgent and important caring practices for their university community. It will be important to pay attention to the revisionist history of pandemic caring practices in order to avoid ‘mythical’ renditions in the future (c.f. Corbera et al. 2020).

Prior to the pandemic, celebrating care but avoiding or ignoring the political relations that require it, have abounded throughout the academy. For example, ‘safe spaces’ were introduced on university campuses by feminist and queer activists in the 1970s. These marginalized students and staff required safe spaces on campus where they could express their ideas and opinions without fear of retribution by what they believed was a hostile mainstream university body. Without historical rooting, the concept has been co-opted by both university administrators and higher education critics to mean different things for different audiences (The Roestone Collective 2014). There were important reasons why safe spaces were created forty years ago, and those reasons persist today. Yet, when ‘safe spaces’ are used in blanket terms, the very real concerns of sexism, racism, and homophobia are glossed over and the political struggles and histories of these activists are lost. In the process, safe spaces, both literally and figuratively, become sites of mythical care.

The third form of false hope is referred to as ‘hope deferred’. Duncan-Andrade argued that hope deferred is based on a ‘progressive politics of despair,’ where educators are well versed in critiques of social inequalities, but those critiques fail to manifest in transformative pedagogies. The hope for a better future is deferred to either ‘a collective utopia...or...the individual student’s future ascent to the middle class’ (2009: 184). Within the academy, care can be deferred in collegial relations as well as in student-teacher relations. In fact, caring relations in the academy can begin with an acknowledgment of the intended care recipient’s struggles (e.g. junior colleagues struggling to balance teaching and research obligations), leading to programmes (e.g. mentoring programmes) intended to provide such recipients hope that they will receive the care they desire one day (e.g. often ‘self-care’ is identified as the ‘solution’ to meet an individual’s caring needs) (c.f. Berlant 2011). However, without structural changes to university practices that have direct impacts on junior academics’ lives, such programmes may embody a ‘progressive politics of despair,’ which may never evolve into transforming despair into care. Irrespective of the fact that some may find mentoring relationships transformative (e.g. Falconer Al-Hindi 2019; Oberhauser and Caretta 2019), we cannot ignore that others may find such programs to provide false care as a result of their failures to intentionally disassemble unjust, patriarchal and racist cultures in the university (e.g. de Vries and Binns 2018; Mullings and Mukherjee 2018; Ayyala et al.

2019). A genuine care revolution would be able to acknowledge this tension and seek input from those most marginalised to establish protocols to support the diversity of its staff's caring needs that will have meaningful immediate impacts in their lives, and not lead to a deferred sense of hope for care that never eventuates.

The ways that academic staff are encouraged to provide 'pastoral care' at the expense of students' independent learning provides another example of care deferred. The neoliberal university adopts a student-as-consumer model, where students are understood to be paying for a service while often juggling other non-academic responsibilities such as paid work and/or caring duties in the home. Prior to the pandemic, universities provided care for their complex student bodies and relied on academic staff to assemble a variety of online resources such as lecture notes, lecture recordings, pdfs of reading materials, discussion boards, instantaneous feedback, etc. There may be important pedagogical rationalization for the adoption of such tools, but that is not the focus of my critique. Rather, these resources may provide care for the student in the immediate moment of managing their busy lives, but providing these resources, arguably, prevents students from learning the tools they need to take notes themselves, figure out a solution to a problem, use the library, or take time to consult with their peers rather than assume a customer service agent is at the ready to respond to their needs online at any time around the clock. These resources, while well-meaning, may not equip students with the necessary skills for gainful (middle class) employment in the future, and hence, is another way that care is deferred in the neoliberal university.

Building on these online educational resources, novel teaching and learning protocols were developed and executed in early 2020 as universities frantically moved exclusively to online platforms due to COVID-19. At the time of writing this provocation, the pandemic continued to wreak havoc across the world while institutions debated the risks and benefits of reopening campuses prior to widespread vaccination. The effectiveness of the pastoral care protocols put in place for students to finish their semesters and/or degrees during the pandemic has yet to be evaluated but may potentially provide insights on deferred care within the academy in years to come. Unfortunately, as COVID-19 exposed across countless other examples, the strengths and weaknesses of teaching and learning during the pandemic will most likely reflect social inequalities and their associated geographies. Whether educational institutions acknowledge how inadequate (and false) care leads to poor educational outcomes is left to be seen.

Critical Care

To resolve persistent false hope in schools, Duncan-Andrade argued that 'critical hope' is needed, requiring individual educators to commit attention to the social inequalities which lead to false hope. The three elements of critical hope are mutually constitutive: material hope, Socratic hope and audacious hope. Material hope is the ability to see opportunities and possibilities for hope, despite how insignificant they might seem. Socratic hope includes taking risks and having the courage to pursue small, hopeful opportunities. Audacious hope requires solidarity with others in their struggles. Duncan-Andrade argued that critical hope in schools can inspire meaningful transformations within young people's lives and, ultimately, the school system.

Academic scholars within the 'care revolution' can adopt a 'critical care' framework similar to Duncan-Andrade's 'critical hope,' with the goal of transforming an un-caring academic culture. Akin to material hope, 'material care' manifests through mundane work in everyday academic spaces. As educators, we have endless opportunities to offer students and colleagues care through our teaching and research, however minuscule these opportunities may seem. Duncan-Andrade's research shows that marginalised youth benefit when their classroom-based learning mirrors the realities of their own lives. Research that exposes social inequalities and non-caring practices could translate into meaningful opportunities for students and educators to consider similar inequalities and non-care in their lives.

Personally exploring how we are implicated or benefit from caring and non-caring relations within the university can result in academics and students feeling less disconnected, isolated, and autonomous. Investigating our own roles in the creation of unequal caring or non-caring relations within the university can illuminate the challenges and opportunities of material care. This lens can help evaluate if care is deferred or worse, denied, to individuals or groups beyond our immediate networks of care. A genuine focus on material care can help foster more awareness of and attention to everyday practices of care which can have meaningful outcomes.

‘Socratic care’ requires an embodied approach to the classroom where teachers and their students squarely face societal injustices, feel them, and embrace the emotions that arise from them. Socratic care requires both ‘teachers and students to painfully examine our lives and actions within an unjust society and to share the sensibility that pain may pave the path to justice’ (referring to West 2001 cited in Duncan-Andrade 2009: 187). Beyond a ‘politics of despair,’ Socratic care is an embodied experience that starkly contrasts from the disembodied, and even ‘absent-minded,’ professor. Rather, Socratic care requires that educators and students come to the classroom willing, vulnerable, and open to *being* changed: to feel what it is like to have compassion for not only the subjects of our teachings, but those we interact with throughout the university. Socratic care is about being emotionally available to feel injustice and motivation to change. Socratic care may be risky for those in positions of power and privilege, because if genuine, it may result in a reconfiguration of caring relations that benefit more than those whose (white, cis-gendered, or ‘high-flying’) worlds are already being maintained or continued.

Lastly, critical care ‘boldly stands in solidarity’ with those who are *not* cared for within the university: those who are on the fringe, those who are waiting behind closed doors, those who have retreated into the corners due to a lack of care. ‘Audacious caring’ requires attention to the intersections of caring relations and structures of exclusions in order to resolve them. However, acknowledging these exclusions may be uncomfortable and potentially painful for those who benefit from exclusive caring relations, especially those who consider themselves to be already involved in the ‘care revolution’. As Freire reminds us, revolutions can lead to further oppression if the leaders are not vulnerable, open to dialogue, and able to explore the ‘oppressors housed within them’ (1999: 108). Audacious care demands that those of us leading the revolution do not avoid our own pain, rather it is necessary for a true revolution. Those who are currently well cared for within the academy may be uncomfortable embracing those who are struggling and connecting them to their (comfortable) collective, but it is imperative for a genuine revolution to occur. Certainly, there may be important reasons for self-protectionism warranted through networks, but when those reasons are conflated with self-motivated competition within the hierarchical neoliberal university, then those ‘caring’ networks create more oppression.

Struggling alongside one another to share victories and each other’s pain is an essential ingredient for the ‘radical healing’ necessary from the uncaring ways the university pits one against another. Such healing is the crux; much of the caring practices within the current care revolution are comfortable and help us avoid pain, and therefore, avoid real change. Alternatively, critical care recognizes that sharing the pain of non-care is audacious.

The global pandemic, political instability, and social upheaval has created uncertainty and precarity for so many of us. More than ever, a care revolution is needed in our homes, communities and work environments, including academia. Those of us who study care – who *care* about care – have the opportunity to unapologetically care for each other, *with* each other. Personally and collectively, we can heal in order to boldly change the oppressive systems of non-care within the university. False caring practices creates false, and even harmful, caring relations. A critical care approach would unravel false caring relations and lead to more transformative and caring institutions across scales and hierarchies of privileges.

Acknowledgements

I am grateful for the caring relations that maintain, continue and repair my (academic) world. In particular, I thank Elaine Ho, Sarah Ives, Caroline Faria and Lorraine Dowler for reviewing previous versions of this manuscript and offering their critical insights. I appreciate the chance to offer my initial thoughts on ‘false care’ at the ‘University in Ruins’ seminar at the University of Auckland in 2019. I am grateful for the thorough and encouraging feedback from anonymous peer reviewers, and Sophie Sapp Moore and Vanessa Sloan Morgan at ACME. A special shout-out to Crystie Kisler and John Mauro for having the patience to read through the proofs. All errors are, of course, mine. And I thank Salish Coast Elementary and Cedar Root for a few hours here and there throughout the pandemic; your help caring for Madeline allowed me the opportunity to finally finish this manuscript.

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